

**KEVIN ROSS**  
**MARICOPA COUNTY ASSESSOR**

[www.maricopa.gov/assessor](http://www.maricopa.gov/assessor)

(602) 506-3406

**SENIOR PROPERTY VALUATION PROTECTION  
INFORMATION**

***Purpose:*** *To Freeze Full Cash Value Only of a Primary Residence  
Owned by Seniors Based on Income and Age.*

**Requirements for Applicant:**

- ***Must be on title of property and a minimum of age 65.***
- ***Property must be primary residence for a minimum of two years. Rental property does not qualify. Primary residence is defined as a residence occupied by the taxpayer (applicant) for an aggregate of nine months of the calendar year. A taxpayer can have only **one** primary residence.***
- ***All sources of income from all owners, including taxable and nontaxable monies, cannot exceed \$26,496 for single owner or \$33,120 for two or more owners, for 2002.***

**Copies of the Following Documents are Required With Application and worksheet:**

- *Proof of age eligibility - Birth certificate, Passport or Driver's License.*
- *Proof of residency - Driver's License, State Issued ID Card or Voter Registration, etc.*
- *Proof of property ownership - Valuation Notice, Tax Bill or Deed.*
- *Proof of all income - Interest, Dividends, Social Security Statement, Retirement, Pension, Wages, Salaries, Annuities, Alimony, Disability, Unemployment or Public Benefit Statements & Copy of Previous Year's Federal Income Tax Return with all schedules.*

*(Income information will be used by this office for verification only and will be considered and kept confidential.)*

**Qualified Persons Must Renew Application Every 3 Years**  
***Renewal applications will be sent 6 months prior to renewal date.***

SENIOR PROPERTY  
VALUATION PROTECTION APPLICATION  
For Property Located in Maricopa County  
Maricopa County Assessor  
301 W Jefferson Ste. 120  
Phoenix AZ 85003-2196  
[www.maricopa.gov/assessor](http://www.maricopa.gov/assessor)  
(602) 506-3406

Note: When completing this application **PLEASE PRINT** and Use **ONLY BLACK or BLUE INK**  
Please return by mail to the above address.

**Requirements for Applicant**

- Must be on title of property and a minimum age of 65.
- Must be primary residence of applicant. (Occupied by the applicant for a minimum of 9 months of the calendar year.)
- Must have resided in primary residence for at least two years before applying.
- Total **income from all sources for all co-owners** cannot exceed requirements.

Parcel Number: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Co-Owners \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address(If different from site): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***NOTE: Application must be renewed every three years.***

I request protection of the **FULL CASH VALUE** of the above listed property. (Check one)

\_\_\_\_\_ I am the sole Owner of the above listed property, which is my primary residence and my income, from all taxable and non-taxable sources, for the past year, does not exceed \$26,496 for the calendar year, 2002.

\_\_\_\_\_ I am the Owner of the above listed property, (which is my primary residence) along with (list others) \_\_\_\_\_ and \_\_\_\_\_. Combined income for all owners, from all taxable and non-taxable sources, for the past year, does not exceed \$33,120 for the calendar year, 2002.

*I hereby state that all of the income information is complete and true and is an accurate listing of all taxable and non-taxable income of the applicant and all co-owners.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Attach: Proof of Applicant's age.  
Income worksheet and copies of supporting tax returns and all schedules.  
Copies of documents proving ownership and residency.  
*(Income information will be used by this office for verification only and will be considered and kept confidential.)*

For Office use only:

Date approved: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: # \_\_\_\_\_

00SPVP-12/30/02

MARICOPA COUNTY  
Initial Income Worksheet  
**Senior Property Valuation Protection**  
(602) 506-3406    [www.maricopa.gov/assessor](http://www.maricopa.gov/assessor)

Application Year: \_\_\_\_\_

Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applicant**

**Name:** \_\_\_\_\_

Co-Owners: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Number of Other Properties Owned \_\_\_\_\_ (Attach a list with addresses and parcel I.D. Numbers )

Please Use the Worksheet below to list Annual income amounts from ALL sources and from ALL owners for the **past year and attach to your application with copies of supporting documentation, tax return and all schedules.** If you do not have income in a particular category, list zero in that column:

*(Income information will be used by this office for verification only and will be considered and kept confidential.)*

<b>Gross Income Type</b>	<b><u>2002</u> Year</b>
Wages/Tips/Salary	\$
Interest Income	\$
Dividends	\$
Alimony	\$
Capital Gains (attach Schedule D)	\$
<b>IRA Distribution</b>	\$
Pension/Annuities	\$
Rental Income (attach Schedule E)	\$
Other Public Benefits	\$
Social Security	\$
<b>Non-Taxable Income</b>	\$
<b>Business Income</b> (attach Schedule C)	\$
All Other:	\$
<b>Total</b>	\$

**NOTE: The Assessor is required to review income qualifications on a triennial basis and must use the average total income during the previous three years for the review. Please make sure you maintain the necessary records for this review.**

(Read and sign below and attach this worksheet to application.)

*I hereby state that all of the income information is complete and true and is an accurate listing of all taxable and non-taxable income of the applicant and all co-owners.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# KEVIN ROSS MARICOPA COUNTY ASSESSOR

Kevin Ross – Proposition 104  
301 W Jefferson Ste 330  
Phoenix, AZ 85003-2196  
Telephone: (602) 506-3406  
www.maricopa.gov/assessor

For Office Use Only

Date: \_\_\_\_\_

Apply By: \_\_\_\_\_

## SENIOR PROPERTY VALUATION PROTECTION CHECK LIST

**PLEASE SEND PHOTOCOPIES OF ONE FROM LINES 1-3:**

- \_\_\_\_\_ 1. Applicant Proof of age:
  - Birth Certificate **OR**
  - Passport **OR**
  - Drivers License
- \_\_\_\_\_ 2. Applicant Proof of Ownership of Property:
  - Deed to primary residence **OR**
  - Valuation Notice **OR**
  - Property Tax Bill.
- \_\_\_\_\_ 3. Applicant Proof of **Occupancy** of Primary Residence for **2 years prior to application:**
  - Driver's License (with date of issue over two years) **OR**
  - State issued ID card **OR**
  - Voter Registration **OR**
  - Utility Bills from two years previous.
- \_\_\_\_\_ 4. Name of **ALL** CO-OWNERS AND THOSE WHO LIVE ON THE PROPERTY.
- \_\_\_\_\_ 5. Proof of **ALL SOURCES** of **INCOME, TAXABLE and NON-TAXABLE, FOR APPLICANT, CO-OWNERS AND ALL THOSE WHO LIVE ON THE PROPERTY**  
Interest & dividends, Social Security, retirement, pension, wages, salaries, annuities, alimony, disability, unemployment, or public benefits statements, copy of previous year's income tax returns and all accompanying schedules that you filed.  
*(Income information will be used by this office for verification only and will be considered confidential.)*
- \_\_\_\_\_ 6. Applicant signature on completed application.
- \_\_\_\_\_ 7. Other Information Required:\_\_\_\_\_.

**QUALIFIED PERSONS MUST RENEW APPLICATION EVERY 3 YEARS**  
Renewal applications will be sent 6 months prior to renewal date.